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## Analysis

### Burnout in healthcare: the case for organisational change

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### Burnout - prevention or cure?

The measurement itself of burnout is problematic because the 1981 MBI index has been discredited by a 2018 article in the *JAMA*. For this reason, we may now need to rather speak of ‘work-related distress’ among clinicians, (Rotenstein et al., 2018) but, assuming those who believe a psychiatrist can recognise burnout, we can continue perhaps to (mis-)use the term.

This article making the case for organisational change to challenge burnout is excellent in that it alerts the reader to the need not just for cure, but for prevention of this syndrome, surely a conclusion any physician would welcome.

Prevention through organisational change would completely leave individual cognitive problems to psychiatry and would need to concentrate on identifying the *drivers* of work-related stress. Prevention should surely focus on how managerial metrics in hospitals introduce complexity into the clinician’s world; prevention would bring change to hospital processes in a way which relaxes the stresses from which clinicians suffer. Prevention would counter the distress caused by problems of insufficient time, of excessive workload, poor communications, clinical error, under staffing, insufficient information, of broken workflow, and so on.

This surely is the next step; these are the subjects we need to research.

Rotenstein, L. S., Torre, M., Ramos, M. A., Rosales, R. C., Guille, C., Sen, S., & Mata, D. A. (2018). Prevalence of Burnout Among Physicians: A Systematic Review. *JAMA*, 320(11), 1131–1150. <https://doi.org/10.1001/jama.2018.12777>